

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report October 30, 2019

Auditor Information

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Company Name: Mahoney and Associates, LLC	
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Telephone: 262-930-5334	Date of Facility Visit: May 21, 22, 29, 2019

Agency Information

Name of Agency: Rock Valley Community Programs, Inc.	Governing Authority or Parent Agency (If Applicable):
Physical Address: 203 W. Sunny Lane Rd.	City, State, Zip: Janesville, WI 53546
Mailing Address: SAA	City, State, Zip:
Telephone: 608-741-4500	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The Agency Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
Agency mission: Rock Valley Community Programs, Inc. provides services based on accountability, safety and treatment that enhance the community and the Criminal Justice System.	
Agency Website with PREA Information: www.rvcp.org	

Agency Chief Executive Officer

Name: Angel Eggers	Title: Executive Director
Email: aeggers@rvcp.org	Telephone: 608-757-6402

Agency-Wide PREA Coordinator

Name: Joel Galvin	Title: Residential Re-entry Director
Email: jgalvin@rvcp.org	Telephone: 608-741-4500

PREA Coordinator Reports to: Angel Eggers, Executive Director	Number of Compliance Managers who report to the PREA Coordinator 0
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Facility Information

Name of Facility: Rock Valley Residential Re-Entry Program

Physical Address: 203 W. Sunny Lane Rd. Janesville, WI 53546

Mailing Address (if different than above):

Telephone Number: 608-741-4500

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
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<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
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Facility Type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

Facility Mission: Rock Valley Community Programs, Inc. provides services based on accountability, safety and treatment that enhance the community and the Criminal Justice System.

Facility Website with PREA Information: www@rvcp.org

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: Joel Galvan	Title: Residential Re-entry Director
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Email: jgalvan@rvcp.org	Telephone: 608-741-4500
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Facility PREA Compliance Manager

Name: Joel Galvan	Title: Residential Re-Entry Director
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Email: jgalvin@rvcp.org	Telephone: 608-741-4500
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Facility Health Service Administrator

Name: Tim Legler	Title: Registered Nurse
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Email: tlegler@rvcp.org	Telephone: 608-741-4500
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Facility Characteristics			
Designated Facility Capacity: 100		Current Population of Facility: 78	
Number of residents admitted to facility during the past 12 months			388
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			1
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			344
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			380
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18+	<input type="checkbox"/> Juveniles	<input type="checkbox"/> Youthful residents
Average length of stay or time under supervision:			5 months
Facility Security Level:			NA
Resident Custody Levels:			NA
Number of staff currently employed by the facility who may have contact with residents:			77
Number of staff hired by the facility during the past 12 months who may have contact with residents:			21
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 2	
Number of Multiple Occupancy Cell Housing Units:		39	
Number of Open Bay/Dorm Housing Units:		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): 102 cameras that monitor virtually all common areas of the facility including, hallways, day rooms, staff offices, med room, dining room, and kitchen. Several exterior cameras. Staff have access to monitor the cameras at numerous locations throughout the facility.			
Medical			
Type of Medical Facility: NA			
Forensic sexual assault medical exams are conducted at:		Beloit Memorial Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			2 + interns
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			6

Audit Findings

Audit Narrative

The audit process of Rock Valley Community Programs Inc. (RVCP), Residential Re-Entry Program began in March 2019. On April 3, 2019, I sent the agency the Pre-audit Questionnaire and Notice of Audit. The agency returned the Questionnaire and supporting documents to me on or about May 8, 2019. The documents included the agency's PREA Policies and Procedures, Resident Information Packet, training materials, staff rosters and staffing schedules, Inter-agency agreements, organizational charts, PREA Screening Tool, and other relevant documents. From the staff roster, I selected 12 random staff members to be interviewed, in addition to staff for specialized interviews.

The agency later sent me a current resident roster. From that roster, I randomly selected 16 residents to be interviewed, including one resident for a targeted interview. At the time of the on-site visit, the facility had 78 residents, including just 2 female residents.

It should be noted that I conducted a PREA audit of RVCP in 2016. After a period of corrective action, the agency complied for all applicable standards.

The on-site visit of RVCP was scheduled for May 21-22, 2019. I arrived at RVCP on May 21 and met with Angel Eggers, RVCP Executive Director and Julie Lenzendorf, Program Administrator/PREA Coordinator. Later in the day, Ms. Eggers and Travis Schueler, the Residential Services Assistant Director led me on a tour of the entire facility. I was able to inspect the facility, which is very large and encompasses two housing wings. During the tour, I observed the Notice of Audit posted in 3 locations. I also observed PREA information posted in several locations in the facility.

During the two days at the facility, I interviewed a total of 17 staff and one volunteer. Included in the staff interviews were the Executive Director, PREA Coordinator, Human Resources Director, medical staff, first responders, intake staff, mental health staff, food service staff, and staff who complete risk screening. The PREA Coordinator was also interviewed as a PREA investigator, retaliation monitor, and member of Incident Review Team. Staff from both housing units and all three shifts were interviewed. Of those interviewed, 7 were male and 10 were female staff.

I interviewed 16 residents, one of whom identified as LGBTI. The 16 residents included both Federal and State clients, residents from each housing units, and both of the female residents. There were no residents who reported sexual abuse at the facility.

During the on-site visit, I met with the Human Resources Director and reviewed personnel files. I reviewed the files for 11 of the 21 staff hired in the past 12 months to determine if the agency followed the standards regarding the hiring process. I randomly selected these files along with 12 files of current staff to determine if PREA training was provided to staff.

During the second day of the on-site visit, I began reviewing resident files, but was unable to finish the review. As a result, a third day was scheduled to finish this review. I returned to the facility on May 29, 2019. On that date, I finished my review of resident files to document that residents received PREA information at intake and completed risk screening forms. I also reviewed 12 personnel files (randomly selected) for current staff to determine if 5 year background checks were conducted and if current staff were asked about previous misconduct.

During the 3 days at the facility, I reviewed 19 current resident files and 20 discharged resident files to confirm that residents received PREA information at intake. I also reviewed completed risk screen forms for 32 current residents and 21 discharged residents. Over the three days, I spent about 20.5 hours in the facility.

Following the on-site visit dates, I did a thorough review of the agency's PREA Policy and Procedures. Most of the current policies were written during the previous PREA audit in 2016. The policies are well-written and cover all of the criteria required in the standards. The policy includes a "Resident Policy" which is provided to all residents at intake.

I did not receive any confidential correspondence from staff or residents.

The interim report identified 4 standards that required corrective action. During this period, the PREA Coordinator, Julie Lenzendorf left the agency. Joel Galvan, the Residential Re-entry Director was assigned to be the PREA Coordinator. Mr. Galvan has been with the agency for several years and was involved in the previous PREA audit. Prior to the end of the corrective action period, the agency provided documentation that it complied with the standards that required corrective action.

Facility Characteristics

The Rock Valley Community Programs Residential Re-Entry Program (RRP) is located in a large, single story, handicap accessible building located in a rural/residential area between the cities of Beloit and Janesville. The facility has a capacity of 100 residents. The building was once a nursing home and RVCP has occupied it since 1998. RVCP was established in 1971 in Beloit, Wisconsin to provide housing for parolees. The facility has four wings attached to the central part of the building. The RRP occupies two of the wings.

In addition to the 100 bed RRP, RVCP operates several other programs in the facility. It has a Veteran's Service Department for homeless veterans that includes a transitional housing program and supportive services. RVCP also runs Harper's Place, a 15 bed residential program for crisis intervention clients referred from Rock County Intervention. Both of these programs are operated in separate wings of the facility, apart from RRP. There is also the Compass Behavioral Health Clinic for outpatient substance abuse and mental health treatment.

The facility has a large, commercial-type kitchen. Residents of RRP work in the kitchen, usually about five at a time. Eight RVCP staff work in the kitchen and oversee the residents. The facility has a large dining room, which serves clients of all the programs in the facility, but they eat at separate times. The residents of RRP, and the veterans and mental health clients are not allowed to mingle at any time. The female residents of RRP eat in a separate area of the dining room and can choose to eat in the housing unit instead. When there are only 1-2 female residents, they often eat in the housing unit.

The RRP has a state-of-the art monitoring technology. There are 102 cameras that monitor virtually all common areas of the facility including, hallways, day rooms, staff offices, med room, dining room, and kitchen. Several exterior cameras monitor the parking lots, entrances, and resident recreation/smoking areas. Staff have access to monitor the cameras at numerous locations throughout the facility.

There are three cameras in the kitchen, which is a very large area with several storage areas. There are no significant blind spots in the kitchen/dining room area. All storage areas and offices are kept locked.

The residential area includes 2 separate wings. "A" wing is the largest with 31 resident rooms, each housing up to 4 residents. Not all rooms have four residents. There is a central control room on the wing and a med room attached. The central control room is staffed at all times. There are two dayrooms in the wing.

Most resident rooms on "A" have bathrooms without showers that can only be accessed from the bedrooms and can be locked when in use. The residents on "A" use a communal shower room with 8 shower stalls off the main hallway and near the control room. The shower stalls all have shower curtains to afford privacy. There are two dayrooms and a laundry room on "A". While many residents are allowed to have cell phones, there are pay phones accessible to residents near the control center. Residents are allowed to use the phone in the control center with staff permission. There is a bulletin board on the unit that contained the Notice of Audit and other PREA information.

"B" wing is smaller with 9 resident rooms, which includes three female rooms. The facility houses up to 5 female residents at a time. The female rooms are separated on the wing and are nearest the control center and the case manager's office. There is camera monitoring in all of the common areas and hallways in the B wing. The female residents are able to lock the room doors and there are private/single bathrooms with access only from the bedrooms. All bathrooms on B are accessed from the individual bedrooms and have showers. The residents, when using the bathrooms, can lock all bathrooms on B. The common areas on B are similar to A with dayrooms, laundry room, and pay phones. The bulletin board also contained the Notice of Audit and PREA information.

On the date of the on-site visit, the population was 78 with 76 male and just 2 female residents. The population includes about 48 residents from the Federal Bureau of Prisons and 30 residents who are on supervision with the Wisconsin Department of Corrections-Division of Community Corrections (DCC). RVCP recently started a new program with DCC to provide programming for clients who have dual diagnosis. This program began in April 2019.

Summary of Audit Findings

Number of Standards Exceeded: 0

Number of Standards Met: 41

Number of Standards Not Met: 0

Summary of Corrective Action:

As stated in the interim report, there were 4 standards that required corrective action:

115.213 The agency shall review its supervision and monitoring plan to follow the criteria in the standards.

115.241 The agency shall amend the PREA Risk Form to add whether the resident "Is perceived to be" LGBTI.

115.263 The agency shall follow the criteria in the standard when reporting abuse to other facilities.

115.288 The agency shall amend its annual report to address corrective actions regarding reported incidents and shall assess its progress in addressing sexual abuse.

During the corrective action period of 4 months, the agency submitted documentation that it satisfied the requirements of corrective action. Based on my review of all the documentation, I am pleased to report that the agency complies with all of the applicable standards.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency has a Staff PREA Policy and a Resident PREA Policy. Both policies are lengthy and address the agency's zero-tolerance policy and include definitions of sexual abuse and sexual harassment. The policies address the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Julie Lenzendorf, the RVCP Programs Administrator, is the agency PREA Coordinator/Compliance Manager. She has been the PREA Coordinator for over 8 years and was involved in the implementation of PREA standards during that time. I conducted a PREA audit of RVCP in 2016 and worked closely with Ms. Lenzendorf during that process. She was very involved in the audit process and corrective action which led to the agency complying with all applicable standards.

Ms. Lenzendorf answers directly to Angel Eggers, the Executive Director of RVCP. Ms. Lenzendorf was interviewed during the on-site visit and she continues to be very engaged in PREA issues.

During this audit and the previous audit, it was apparent that Ms. Lenzendorf has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. However, Ms. Lenzendorf stated that after this audit is complete, Joel Galvin, the Residential Services Director will assume the PREA Coordinator duties. During the corrective action period, Ms. Lenzendorf left the agency and Mr. Galvan assumed the PREA Coordinator duties.

Based upon my review of the Staff PREA Policy, Resident PREA Policy, and interview with the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

According to the Questionnaire and PREA Coordinator, the agency does not contract with other entities to house residents.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

RVCP Policy and Procedures addresses "Supervision and Monitoring." The policy states that RVCP will ensure an appropriate level of staffing is maintained 24 hours per day, 365 days a year. The policy states that at no time will the level of staffing be allowed to be less than 1 staff per every 25 residents. The agency contracts with DOC and FBOP require that they have one staff member for every 25 residents.

The policy states that annually, the Residential Director, Residential Administrator, and executive Director will meet to review the staffing levels. During this evaluation, the following will be taken into consideration: The physical layout of the facility, the composition of the population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the video monitoring system, placement of safety mirrors, current resources of staffing, and any other relevant factors.

The annual review, including a summary of any adjustments to the staffing levels, will be documented in the Executive Director's office. The Residential Director is responsible for informing the Residential Administrator and Executive Director of any deviations from the approved staffing plan with justification for each deviation.

Originally, the agency provided documentation that it reviewed the facility staffing pattern over each of the past 3 years. However, the review did not consider the specific criteria in the standards. The review must look at the staffing plan established pursuant to paragraph (a) of the standards, the prevailing staffing patterns, the facility's deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adequate staffing levels. Corrective action was required to address these criteria.

Prior to end of the corrective action period, the agency provided documentation that complies with the standards. The Executive Director, PREA Coordinator, and other facility staff met to review the prevailing staffing pattern and deployment of video monitoring and other technology.

The facility always schedules a minimum of five staff per shift. The population never exceeds 100. According to the questionnaire, the current population is 78.

On first shift, there are usually six Case Managers, four or five Residential Reentry Monitors, and one supervisor. There are also several administrative staff working. On second and third shift and weekends, there are always a minimum four staff on duty. The facility also requires a minimum of one male and one female staff member on duty at all times.

If someone calls in on any shift, on-call staff will come in. The director states that they have never deviated from the staffing plan and have never operated with less than four staff. The staffing pattern was verified by interviews with other staff and supervisors. RVCP management met in December 2018 to review the staffing pattern of the facility. RVCP provided verification of that meeting.

RRP has 102 cameras at various locations inside and outside of the facility. During the on-site visit, I noted that cameras are placed in positions that maximize supervision of residents. The monitors were high quality, with pan/zoom capability and other state of the art technology. The system has the ability to record and maintain for 14-30 days. There are several monitors in the staff offices.

All hallways, day rooms, laundry room, kitchen, dining room, and other common areas are monitored. The video monitoring system allows several staff throughout the building to monitor multiple cameras at one time. Supervisors, case managers, and administrative staff have the ability to view multiple cameras at any time. Several cameras on the exterior monitor the parking lot, smoking areas, group rooms, and recreation areas around the facility. Exits are locked and monitored by cameras.

There is always at least one staff member on each unit at all times. From the control center, staff are able to see down the hallways and also observe the activities throughout the wing with the monitors in each control center. Outside of resident rooms, individual offices and store rooms, all areas or entrances to those rooms were monitored by cameras.

The facility is coed, housing up to 5 female residents. I reviewed the supervision, placement, and monitoring of female residents to determine if the facility adequately protects female residents. On the days of the on-site visit, there were 2 female residents in the population. I interviewed both of the female residents. Both residents said they felt safe and had adequate privacy to shower, change clothes and toilet. There are three rooms designated for females. Within each room, a bathroom with showers is only accessible from the bedrooms. The residents can lock the doors to the bathrooms and the bedrooms. The PREA Coordinator stated that they made efforts to keep the males and female apart and they have separate activities for each gender.

The two female rooms are located centrally on the B wing, near the staff control center and across the hall from a case manager. Several cameras monitor the areas around the female rooms. Females have the option of eating meals on the unit or in the dining room at separate tables. Male and female residents are not allowed to sit together.

Considering the size and layout of the facility, it is my opinion that the agency has an adequate staffing pattern. The staffing pattern along with an excellent video monitoring system adequately protects residents against sexual abuse. During resident interviews, no residents reported feeling unsafe or expressed concerns about monitoring and supervision by staff.

The interim report identified one area that required corrective action. The facility had not conducted an annual review of its staffing pattern and video monitoring. During the corrective action period, the Executive Director provided documentation that the agency conducted the annual review to comply with (c).

Based upon my review of the Policy and Procedures, staffing pattern, annual review of staffing pattern and video monitoring, a tour of the facility and interviews with the Executive Director and PREA Coordinator, I conclude that the agency complies with all aspects of the standards.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

According to the questionnaire and the Policy and Procedures, the agency does not allow cross-gender pat searches. The agency prohibits strip or cross-gender body cavity searches of residents. The agency policy prohibits strip searches and visual body cavity searches and also prohibits staff from searching or physically examining a transgender or intersex resident for determine the resident's genital status.

In the past 12 months, the agency reports no cross-gender pat downs, strip or cross-gender body searches. None of the staff interviewed reported that such searches occurred. The staff members interviewed said there is always at least one male and one female staff on duty at all times. If the staff member is unavailable to pat down a resident, the staff has the option of using an electronic wand on the resident to prevent a hands on search.

The Policy and Procedures state that no staff will perform pat searches until they have received appropriate training. All of the staff interviewed said they received training on how to conduct pat down searches of residents.

If a resident's genital status is unknown, the policy states that staff should attempt to determine this through a respectful conversation with the resident, reviewing medical records or by learning that information as part of a broader medical exam conducted by a medical professional.

Based on interviews with the PREA Coordinator and staff, no one was aware of a situation where a transgender or intersex resident was in the facility who needed to be searched.

The policy states that if exigent circumstances occur, it is to be documented in a log and sent to the PREA Coordinator immediately and the matter will be investigated. The policy states that female access to regularly available programming or outside opportunities will not be restricted in order to comply with the policy.

None of the male and female staff interviewed have ever conducted a cross gender pat down of residents.

The PREA Coordinator said that there is always a mix of male-female staff on duty so that cross-gender body searches or pat-downs do not occur.

The agency's policy is that all residents are able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. Most residents on B wing have single/private bathrooms with showers off the bedrooms. The residents are able to lock the bathroom door when in use. Residents on A wing use a communal shower room with eight individual shower stalls that have solid shower curtains. Staff reported that only male staff enter the shower room. All of the residents interviewed said they are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

The policy states that staff of the opposite gender must announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

During random interviews, all staff, male and female said that they announce their presence when entering a resident bedroom or bathroom/shower area.

During the on-site visit, I interviewed 16 residents, including the 2 female residents. All of the residents, except 2 said that staff of the opposite gender always announce their presence when entering the bedroom or bathroom areas. One female resident said that one staff member who works overnight "just opens the door." She said that she has always been dressed when the staff member opens the door. One male resident said that some female staff "just walk in". He said that this only occurs at night when staff are doing bed checks. None of the residents said that they have observed underdressed by staff at any time. The information about staff of the opposite gender not announcing their presence was shared with the Executive Director and PREA Coordinator. Night time staff are trained to be discreet when doing bed checks. Many residents work and staff try to not disrupt the residents' sleep. Based on the information from interviewing staff, residents, and facility management, I believe the issue of staff not announcing their presence is somewhat isolated. Facility management agreed to address the issues with all staff. My overall observation is that the practice of staff announcing their presence is institutionalized by policy and practice.

Based upon my interviews with the Executive Director, the PREA Coordinator, 12 random staff and 16 residents, along with the on-site inspection of the facility, and review of the PREA Policy and Procedures, I conclude that the agency complies with all aspects of the standard.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

According to the PREA Coordinator, the facility does not accept physically disabled clients because of CBRF regulations. Residents must be able to exit the facility during emergencies on their own. According to the questionnaire and the Executive Director, the agency does not have procedures to provide disabled residents equal opportunity to participate in all aspects of the agency's effort in dealing with sexual abuse.

The agency has a policy for those residents with limited English proficiency. The policy provides for language access services to populations with Limited English Proficiency (LEP). The Deputy Director of the agency is the LEP Coordinator. The policy states that residents have a right to interpreter services at no cost. Written language access rights are distributed "in the major LEP languages" in postings in the building, orientations, and brochures and booklets. The policy describes interpretation and translation services that will be provided, including written translation and oral translation. Resources for those services are listed. Other communication methods are listed including, Interactive Voice Response Methods, voicemail, web pages, posters, videos, and media.

The PREA Policy for staff and residents states that RVCP will provide access to interpreters to assist residents who have limited English proficiency to understand the PREA Policy. It also states, "RVCP will make reasonable efforts to assist those who may have disabilities, both physical and intellectual in understanding the PREA Policy."

The policy prohibits the use of resident interpreters or readers, except in incidences where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of the first-responder duties, or the investigation of the resident's allegations.

It also establishes procedures to ensure that all residents with receive PREA information in accessible format, including written, telephone, in-person, sign language, video remote interpretation and communication access real time translation. Residents with intellectual, psychiatric, or speech disabilities are provided with accommodations that include a number of formats listed in the policy.

Based upon my review of the Policy and Procedures and interviews with the Executive Director, I conclude that the agency complies with all aspects of the standard.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

During the previous audit, the agency developed a policy that states RVCP will not hire or promote any individual who may have contact with resident and will not enlist the services of any contractor who may have contact with residents who have engaged in sexual abuse as described 115.217 (a)-1.

The policy states that it will ask candidates for employment about previous misconduct in the written application for hiring. It also asks current employees these questions during promotions and in performance evaluations. The policy states that material omissions regarding misconduct, or where the provision of materially false information, shall be grounds for termination. The policy states that the agency will make its best efforts to contact all prior institutional employees for information on substantiated allegations of sexual abuse or any resignation during a pending investigation. RVCP will provide similar information involving a former employee when a request is received from an institutional employer for whom such employee has applied for work.

During on-site visit, I interviewed Shameeka Martin, Human Resource Director of RVCP. Ms. Martin confirmed the policy of that the agency will not hire or promote anyone who has a history of abuse described in the standard. She states that applicants and current employees are asked about previous misconduct.

Ms. Martin said that the agency conducts criminal background checks through NCIC and the Wisconsin Department of Justice-Crime Information Bureau (CIB). In addition, staff get a background check including fingerprints through the FBOP. The Wisconsin Caregiver Law requires that all employees have a criminal background check every four years. The agency reports that all employees hired more than four years ago had had background checks.

During the on-site visit, I reviewed 11 personnel files of the 21 staff hired in the past 12 months. All 11 of these files contained documentation that criminal background checks were conducted. Ten of the 11 files had documentation that applicants were asked about prior misconduct according to (f). One file included the form that asked about prior misconduct, but it was dated 2 months after hire. The HR Director said that she routinely audits files and realized that this one applicant did not complete the form until after hire. Despite the one missing form, the agency has demonstrated that it has consistently complied with the standard. The agency policy and practice is to follow the criteria in (f).

I reviewed the files of 16 current staff to determine if employees were asked about previous misconduct. RVCP asks employees about misconduct as part of the annual evaluation. Fourteen of the sixteen files contained documentation that employees were asked about previous misconduct.

Although the standard requires that a criminal background check be conducted on existing employee every five years, the Wisconsin Caregiver laws requires the agency to conduct criminal background checks every four years. During the on-site visit, I reviewed the personnel files for 12 staff who were hired more than 5 years ago. My review revealed that all of these staff had an updated background check conducted within 5 years.

The agency policy states that it will attempt to contact prior institutional employers per 115.217 (c). The HR Director said that they have not had any applicants in the past year who reported working in an institution.

According to interviews with agency staff, they do not contract with anyone to work with residents in the facility.

Based upon my review of personnel files and the Policy and Procedures, and interviews with the Executive Director and the HR Director, I conclude that the agency complies with all aspects of the standard.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

According to the questionnaire and interview with the Executive Director, the facility has not made any substantial expansion or modifications to the facility since 2012. The agency has added a number of cameras to cover blinds spots. The agency also added bubble mirrors during this time. During the on-site visit, I observed the 100+ cameras throughout the facility, including the exterior.

Based upon the interview with the Executive Director, I conclude that the agency complies with the standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

RVCP is responsible for conducting administrative investigations. The agency refers all criminal investigations to the Rock County Sheriff's Department (RCSD). The PREA Policy states that the agency will contact the Rock County Sheriff's Department (RCSD) after receiving a report of sexual abuse. The Rock County Sheriff's Department follows the uniform evidence protocol as described in 115.221.

The agency provided me with a copy of an email from a Commander who confirmed that RCSD follows the protocol. The Captain of detectives at RCSD confirmed that the department follows the protocol described in the standard.

For administrative investigations, the Executive Director states that RVCP follows "A National Protocol for Sexual Assault Medical Examinations."

The facility offers all residents who experience sexual abuse access to forensic medical exams. The PREA Policies for staff and residents states that resident victims of sexual abuse will have a forensic medical exam at Beloit Memorial Hospital using Sexual Assault Nurse Examiners (SANE) and at no charge to the resident. RVCP provided me with a copy of an Inter-agency Agreement dated 5-2-19 with Beloit Memorial Hospital regarding forensic medical exams for victims. The agreement confirms that SANEs will conduct forensic exams for residents of RVCP. The agreement is signed by the Director of Emergency Services.

The agency also provided a copy of an agreement dated May 1, 2019 it has with Sexual Assault Recovery Program (SARP). SARP agreed to provide victim support services including accompanying and supporting the victim through the forensic medical exam process and investigatory interviews.

The PREA Policy states that RVCP will contact SARP to facilitate contact between the victim and SARP. "The victim advocate will, if the victim desires, accompany and support the victim to Beloit Memorial Hospitals for forensic medical exam, investigatory interviews, provide emotional support, crisis intervention, information, and schedule on-going counseling and follow-up services." The agreement was signed by Kelsey Hood-Christenson, Director. On 5-23-19, I spoke with Joann Curtis with SARP. Ms. Curtis confirmed that their agency would provide victim support services for the forensic exam and follow-up services including providing a victim support advocate for forensic exam, investigatory interviews and follow ups services. Their services are available 24 hours a day.

According to the questionnaire, the agency has had no forensic medical exams conducted in the past 12 months.

Based upon my review of the Policy and Procedures for staff and residents, Inter-agency Agreements with SARP and Beloit Memorial Hospital, emails from Rock County Sheriff's Dept. and interviews with the RVCP staff, the PREA Coordinator, and SARP staff, I conclude that the agency complies with all aspects of the standard.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures states, "RVCP will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Criminal Investigations are conducted by the Rock County Sheriff's Department" (RCSD). The policy includes language that the agency will contact RCSD as soon as it is determined that criminal acts have occurred. The policy includes a description of both agency's responsibilities during investigations. The policy states that criminal and administrative investigations will be documented in written reports.

I reviewed the RVCP website, which has extensive information about PREA. It includes the agency policy for referring all allegations that are criminal to the RCSD. It states that a criminal and administrative investigation will occur.

Based upon my review of the Policy and Procedures and the RVCP website, I conclude that the agency complies with all aspects of the standard.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No **RVCP does not accept juveniles.**
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No **RVCP does not accept juveniles.**
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No

- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures describes employee training. It states that all staff who have contact residents will be trained in all required PREA standards within two weeks of hire and receive refresher training every two years. During the year in between, employees will have refresher training on current sexual abuse and sexual harassment policies. The training also addresses issues specific to supervising male and female residents per 115.231 (b).

The facility has a training coordinator who is responsible that the training in the policy is followed. The training is described for the following employee group: All RRP's, Kitchen, and Maintenance staff, all Compass Behavioral Health Clinic staff, and Nursing staff. The policy also describes the training for PREA investigators.

The agency has a lengthy packet for first responders and other staff including nursing staff, maintenance and other support staff. The agency uses the National Institute of Corrections Website training. Training topics include, "Your Role in Responding to Sexual Abuse", "Communicating Effectively and Professionally with LGBTI Offenders," Nursing staff complete those trainings along with "Behavioral Health Care for Sexual Assault Victims in a Confinement Setting". Staff must also review the PREA Policy and Procedures as part of their training.

During the on-site visit, I interviewed 17 staff (excluding the CEO and HR Director). All staff said they have been trained on PREA. Staff hired since 2016 received training within a short time after hire. All staff hired more than 2 years ago said they received update training. Staff training included the NIC training and Relias. Staff reviewed the PREA Policy and Procedures. The Human Resource Director was also interviewed regarding staff training.

During the on-site visit, I reviewed 12 staff files to verify that the agency provided updated training to staff. All files reviewed files contained signed acknowledgments from staff that they completed "PREA: Your Role: Responding to Sexual Abuse" and "Communicating Effectively and Professionally with LGBTI Offenders". The training includes a Pre-test and Post-test for staff. Staff members also sign an acknowledgment that they completed the training. All files also showed that staff reviewed the PREA policies and procedures. I also verified that the nurse completed the above training as well as "Your Role: Responding to Sexual Abuse".

Based upon my review of the PREA Policy and Procedures, "PREA Training Requirements", review of staff files and interviews with 17 current staff, including the Human Resource Director, I conclude that the agency complies with the standard.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency reports that they currently have 4 volunteers and no contractors. The PREA Policy and Procedures states that training for volunteers and contractors will occur prior to starting with RVCP. They are required to complete "Your Role: Responding to Sexual Abuse" and "Communicating Effectively and Professionally with LGBTI Offenders".

During the on-site visit, I interviewed one of the volunteers who confirmed he was trained on PREA. The agency also provided documentation that the current volunteers were trained on PREA.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Pre-Audit Questionnaire reports that residents receive information at time of intake about the zero-tolerance policy and other aspects of the agency PREA efforts. All residents receive the information whether they came from another correctional facility or the community. The Policy and Procedures state that residents receive information explaining RVCP's zero tolerance policy, how to report abuse or harassment, their rights to be free from sexual abuse and harassment, the right to be free from retaliation for such incidents, and agency policies and procedures for responding to such incidents.

All residents receive a copy of the PREA Resident Policy upon intake. Residents sign an acknowledgment that they read the policy. The document addressed the zero-tolerance policy and states that residents have a right to be safe from sexual abuse or harassment. It gives residents internal and external reporting options. It states that residents may report verbally or in writing, anonymously or through a third party. The document states that residents have the right to be free from retaliation. The document address all areas defined in the standards.

During the on-site visit, I interviewed 17 residents who were randomly selected. Sixteen of the 17 residents said that they received PREA information within 1-3 days of arrival. The one resident who said that she did not receive PREA information signed an acknowledgment that she received the PREA information on the day she arrived at RVCP. The other residents stated that staff went over the handout with them and explained the contents.

I also reviewed 19 current resident files and 20 discharged resident files to confirm that residents received PREA information at intake. I randomly were selected these files. Discharged files were for residents admitted in the past 12 months. All of the 19 files reviewed had acknowledgments signed, but one was not dated. Those residents received the information between 1-3 days after arriving at the facility. All 20 of the discharged resident files had signed acknowledgments in the file.

During the on-site visit, I interviewed one staff member who is responsible for resident intake. The staff member reported that residents PREA information upon intake, usually the first day they arrive. The PREA Resident Policy is given to residents and staff explain the information to all residents.

According to the questionnaire, the agency policy is to provide PREA education in formats accessible to all residents. The CEO states that they have bi-lingual (Spanish-speaking) staff member who would assist a resident with PREA education. The CEO said that the agency has access to sign language interpreters through community resources. The agency has a written policy that states it will provide PREA education to residents including those who have disabilities or limited language skills. The policy that states PREA education will be available in formats accessible to all residents, including those who are LEP, deaf, visually impaired, other disabilities, and limited reading skills. Resources are described for specific disabilities.

While conducting the on-site inspection, I saw the Notice of Audit in both housing wings, and information posted about PREA.

Based upon my review of the PREA Resident Policy, Staff Policy and Procedures, 19 current resident files, 20 discharged resident files and interviews with 17 residents and a staff member who conducts intake, I conclude that the agency complies with all aspects of the standard.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Employee Training section of the PREA Policy and Procedures addresses training for investigators. The agency reports that 6 RVCP staff are designated as investigators. Investigators are required to complete the National Institute of Corrections (NIC) "Investigating Sexual Abuse in a Confinement Setting", "Responding to Sexual Abuse", and Communicating Effectively and Professionally with LGBTI Offenders," The NIC training covers the criteria from the standard. The agency provided documentation that the 6 staff completed training.

During the on-site visit, I interviewed one the PREA Coordinator regarding investigations. She oversees all PREA investigations and has conducted several investigations over the past three years.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?
 Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility has a part-time RN that works with residents. The agency's "Employee Training" section of the Policy and Procedure states that the nurse will be required to take the following training: "Your Role in Responding to Sexual Abuse", "Communicating Effectively and Professionally with LGBTI Offenders," and "Behavioral Health Care for Sexual Assault Victims in a Confinement Setting". The RN does not conduct forensic medical exams.

On 5-21-1, I interviewed the Registered Nurse who confirmed that he received PREA training after being hired and had update training in January 2019. The file confirmed this training. The training included the Relias and NIC training. The training included how to detect signs of sexual abuse, preserving evidence, reporting requirements, and how to deal with victims of abuse. In addition to training with RVCP over the past 5 years, the nurse reported that he has had received training regarding sexual abuse over the past 10 years.

Based upon my review of the training policy, training documentation, and interview with the facility nurse, I conclude that the agency complies with all aspects of the standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No

- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The RVCP PREA Policy and Procedures includes a section on Screening for Risk of Victimization and Abusiveness. The policy states that residents will be screened within 24 hours of arrival and again within 30 days. It also states that residents will be screened when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information relevant to a resident's risk level.

The policy states that staff completing the risk screening will not share the resident's responses with any staff member who doesn't have a need to know. Upon completion, the form is placed in the case manager's mailbox. Only case managers, supervisors and directors have access to the screenings. Either the Director or the PREA Coordinator will review all risk screenings. Residents will not be disciplined for refusing to answer or not disclosing information in response to questions.

The agency developed a PREA Risk Screening Form in 2016. The form includes most of the criteria from the standards for screening residents for risk of sexual victimization and for residents for the risk of being sexually abusive. However, the form did not include whether the resident is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming. The Policy and Procedure included the language "is perceived to be", but the screening form did not. Corrective action required that the agency amend the form to include that criteria. Shortly after the on-site visit, the agency amended the screening form to comply with the criteria in the standard. According to the Executive Director, the agency began using the amended form at that time.

I interviewed the PREA Coordinator regarding risk screening. She is involved in most of the screening process and reviews all of the completed risk screen forms. She said all residents receive a risk screen upon intake, usually the first day. The re-screening is typically completed in 2-3 weeks of the resident's arrival.

During the on-site visit, I interviewed 17 current residents. Sixteen of the 17 residents said they received risk screening upon intake. One resident did not recall whether he received a screening. Of the 17 residents interviewed, 9 were in the facility for over 30 days. Six of the nine said that they received a re-screening within 30 days. Three said they could not recall whether a re-screening occurred.

During the on-site visit, I reviewed completed risk screening forms for 32 current residents and 21 discharged residents. The discharged residents were admitted in the past 12 months. The current and discharged resident files were randomly selected by me. In the past year, the facility admitted 388 residents. Overall, I reviewed a total of 53 current and discharged resident files out of 388.

Of the current 32 residents reviewed, all 32 had their initial screening completed within 48 hours of admission. Eighteen of these 32 residents were admitted within 30 days. Of the remaining 14 residents, all were re-screened. Thirteen of the 14 residents were re-screened within 30 days. One resident was re-screened in 34 days after admission.

I also reviewed risk screening forms for 21 discharged residents. These 21 residents were admitted over the past 12 months. All 21 had initial screens completed, but two were not screened within 72 hours. One residents was screened 6 days after admission and the other was screened 8 days after admission. Thirty-one of the discharged residents remained in the facility for over 30 days, and all of these residents were re-screened within 30 days.

In summary, I reviewed completed risk screening forms for a total of 53 current and discharged residents. I also interviewed 17 residents regarding risk screening. All of these residents were screened for risk. Although the screening for 4 residents did not comply with the timeframes identified in the standards, a significant majority of the residents reviewed were screened in a timely manner. Based on my review of resident files and interviews, I believe that the agency has complied with the standards regarding completion of risk screens.

Based upon my review of the PREA Policy and Procedures, the amended "PREA Risk Screening" form, completed risk screens for 53 current and discharged residents, interviews with the PREA Coordinator and 17 residents, I conclude that the agency complies with all aspects of the standard.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

The Policy and Procedures includes: "Use of Screening Information." The policy states that the facility will ensure that information obtained from the screening will be utilized to make decisions about room assignments, work, education, and program assignments. "The goal is to keep residents at high risk of being sexually victimized separate from those at high risk of being sexually abusive."

The policy states that RVCP will make individualized determinations about how to ensure the safety of residents. The policy states that the facility shall make housing and program assignments for transgender or intersex residents on a case-by-case basis. "RVCP will give serious consideration to a transgender or inter-sex resident's own view of his or her own safety." It also states, "Transgender and intersex residents will be given the opportunity to shower in an area separate from other residents."

During the on-site visit, I interviewed the PREA Coordinator regarding the screening process. She reviews all risk screen forms shortly after they are completed. Case Managers complete the screening. If the risk screen identify residents who may be at risk for victimization or of being sexually abusive, they will staff the case. Because of the size and layout of the facility, they are several options as to where residents are housed. Vulnerable residents could be placed on "B" wing, which is smaller and easier to monitor. Residents on B wing are able to privately, change and shower in the bathroom that is adjacent to their bedroom and the door can be locked.

Based upon my review of the PREA Policy and Procedures and interview with the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Policy and Procedures for staff and residents includes information about various ways residents are able to report sexual abuse and sexual harassment, retaliation by other residents or staff and staff neglect or violation of responsibilities that contributed to the abuse. The staff policy states that the agency will ensure at least one external reporting option for residents and that the external entity will protect the resident's identity upon their request.

The staff policy states "RVCP will receive reports of sexual abuse or sexual harassment in any of the following manner: Verbally (with the staff member promptly documenting report), in writing, anonymously, from third parties." The policy states: "RVCP staff will accommodate a resident asking to speak with them privately by going into a group room or staff office."

The staff policy describes ways that staff can report sexual abuse or harassment by asking for a private meeting with their supervisor, residential director, residential administrator, human resource manager, or executive director.

Both staff and resident policies state that residents may report abuse verbally or in writing, anonymously or through a third party. The Resident Policy states that residents immediately report abuse to staff, including the case manager, counselor, social service coordinator, the compliance manager, a residential security officer, a supervisor, or any staff that they trust. Residents may also write to the Residential Program Director or Administrator.

The Resident Policy states that residents may also call 911 or contact the Sexual Assault Recovery Program (24 hour phone number and address). The Sexual Assault Recovery Program (SARP) is a private entity, not part of RVCP. SARP is able to receive calls from residents 24 hours a day and will forward reports of sexual abuse or sexual harassment to agency officials, allowing the resident to remain anonymous. On 5-23-19, I spoke with Joann Curtis at SARP, who confirmed that residents are able to contact their agency at any time to report sexual abuse or harassment. SARP would immediately contact RVCP to report the abuse and allow the resident to be anonymous if requested.

During the on-site visit, I observed that PREA information and reporting options were posted in both housing wings and common areas of the facility. The address and phone number for SARP and other agencies was included on the posting.

During the on-site visit, I asked 17 residents and 16 staff about reporting options. All residents and staff were aware of various reporting methods, including third-party, anonymous, verbal and written methods.

Based upon my review of the PREA Policy and Procedures-Staff and Resident Policy, posted information in the facility, interviews with SARP staff, and 17 residents and 16 staff, I conclude that the agency complies with all aspects of the standard.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
 Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

According to the Pre-audit Questionnaire and the PREA Coordinator, the facility does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. Thus, the agency is exempt.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA policy for residents states that "crisis intervention and counseling services will be available to you." The Resident Policy states that a victim advocate will be available 24 hours a day. The policy addresses the limits to confidentiality and mandatory reporting laws. It states that RVCP will not monitor communications between the resident and support services except to the extent of confirming appointments. The resident policy also includes the phone number SARP.

The staff policy states "RVCP will provide residents with access to outside victim advocates for emotional support services by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers." The staff policy addresses confidentiality and the limits to confidentiality as defined in the standard.

The agency has an Interagency Agreement with the Sexual Assault Recovery Program (SARP) for community agencies for support services. On 5-23-19, I contacted SARP and confirmed that they provide confidential support services to any resident of RVCP at no cost to the resident.

During the on-site visit, I observed PREA information, specifically support services with SARP, posted in in both housing units.

Based upon my review of the PREA Resident and Staff Policy and Procedures, Interagency Agreements with SARP, and posted information in the facility, I conclude that the agency complies with all aspects of the standard.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The staff and resident PREA policies address third party reporting. The Resident and Staff Policies state that RVCP will receive third party reports verbally, via phone or in person; in writing; anonymously; via email to the PREA Coordinator, or through the Sexual Assault Recovery Program. The staff policy states that staff shall document any third party report.

The agency website also includes on how to make third-party reports of sexual abuse or harassment on behalf of residents. I recently reviewed the agency website to confirm that it contains third-party reporting information.

Based upon my review of the staff and resident policies and the RVCP website, I conclude that the agency complies with all aspects of the standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
 Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Staff Policy states that RVCP requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, including incidences that occurred at other facilities. Staff are also required retaliation against residents or staff or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The staff policy states that staff must report any information to the supervisor on duty. If there is no supervisor on duty, the on call supervisor is to be contacted. The supervisor will immediately notify the Residential Director and PREA Coordinator. The PREA Coordinator is a designated investigator. The policy further states that staff will not reveal any information related to a sexual abuse report to anyone other than the extent to make treatment, investigation, and other security and management decisions. Behavioral health and nursing staff are required to report sexual under this policy. Behavioral health and nursing staff are also required to inform residents of their duty to report and the limitations of confidentiality at their initial session.

During interviews with 16 staff, all staff stated that they are required to report any knowledge, suspicion, or information regarding abuse, retaliation, or harassment. I interviewed the facility's nurse who said he is required to report any information regarding abuse or harassment. He said that because he only does intake screening, he does not provide services and does not inform residents of his duty to report.

Based upon my review of the PREA Staff Policy and interviews with staff, including the facility's nurse, I conclude that the agency complies with all aspects of the standard.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Staff Policy states that RVCP staff will take immediate action to protect a resident who subject to a substantial risk of sexual abuse. The policy describes steps for staff to take, including separating the victim from the potential abuser. All other staff are notified that there is a potential risk and to keep at involved residents separate. It also states, "RVCP management staff will determine if the potential perpetrator(s) will be removed from the facility.

During the on-site visit, I interviewed 17 staff including the Executive Director, regarding the agency's approach to risk. During interviews, all staff described steps they would take following a report of imminent risk, with the priority being separation of the victim from the abuser. The Executive Director and PREA Coordinator also gave appropriate responses as to how the facility protects residents who are at imminent risk.

Based upon my review of the PREA Staff Policy and interviews with 17 staff including the Executive Director, and PREA Coordinator, I conclude that the agency complies with all aspects of the program.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes **No**

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Staff policy addresses the reporting of sexual abuse to another facility as described in 115.263. The policy states that the Residential Director will notify the head of the facility where the abuse occurred. The notification shall occur "as soon as possible but not later than 72 hours after receiving the allegation." The policy also states, "The Residential Director will inform that head of the facility where the alleged abuse occurred that they are required to investigate the allegation according to PREA standards. This report will be documented, including the date and time of the notification."

Although the agency's policy complies with the standard, it did not follow the policy regarding notification. According to Pre-audit Questionnaire and the PREA Coordinator, the agency received 1 allegation in the past 12 month that a resident was abused at federal correctional facilities. In September 2018, during a risk screening of a new resident at RVCP, the resident reported that he was sexually abused at 2 federal correctional facilities in Illinois. Within approximately 72 hours, the RVCP Programs Administrator reported the information to the Federal Contract Oversight Specialist, who stated that she would forward the email to the Sector Administrator "and they will notify the Wardens at FCI Pekin and MCC Chicago." The Program Administrator did not receive information from anyone that "the facility head or agency office that receives such notification that the allegation is investigated in accordance with these standards". As a result, corrective action was necessary requiring that the agency follow the criteria in the standard for reporting to another facility.

During the corrective action period, the agency received a report from a current resident that he was sexually abused (voyeurism by a staff member) during a previous confinement at a federal institution. The resident did not initially reveal which institution that this incident occurred. RVCP determined that the resident was transferred from Big Sandy USP. Within 2 days, the Executive Director of RVCP reported the information about the abuse to the PREA Coordinator at Big Sandy USP. The PREA Coordinator at the federal facility requested that RVCP conduct an interview and "cursory medical exam" with the resident.

During the interview with the resident on 7-29-19, he revealed that the abuse occurred in 2011 or 2012 at MCC Chicago Federal Prison. Based on the new information, the Executive Director of RVCP contacted the PREA Coordinator for the Bureau of Prisons with the updated information. The BOP stated that the incident was reported to MCC. The reporting of this incident was not ideal, but given the circumstances, I believe that the agency complies with the standard. The standard states that the agency shall notify "the head of the facility or appropriate office of the agency" where the abuse occurred.

Based upon my review of the PREA Staff Policy, 2 reports of previous abuse reported to RVCP, and interview with the Executive Director, I conclude that the agency complies with all aspects of the standard.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Staff Policy lists several first responder duties. It states that the first responder shall separate the alleged victim and abuser, and preserve and protect the crime scene. If abuse occurred within a period of time that allows for the collection of physical evidence, the policy directs staff to request that the victim not take any actions that could destroy physical evidence.

The policy also states that staff shall ensure that the abuser does not take any action to destroy evidence. If the first responder is not a Residential Security Officer (RSO), the responder is required to request that the alleged victim not take any action to destroy physical evidence and notify RSO staff.

During the on-site visit, I interviewed 17 staff. The agency policy identifies the first person who learns of an allegation that a resident was sexually abused will act as the first responder and carry out all required duties. This includes behavioral health and nursing staff. All relevant staff were able to describe appropriate steps they would follow when learning of allegations of sexual abuse. All said they would separate the victim and the abuser and preserve the crime scene and physical evidence.

In the past 12 months, the agency received no allegations that a resident was sexually abused.

Based upon interviews with first responder staff and review of the PREA Staff Policy, I conclude that the agency complies with all aspects of the standard.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Staff PREA Policy states, "The PREA Coordinator is responsible to ensure the coordinated response plan outlined in the procedures below is carried out in response to an incident of sexual abuse."

The procedures describe the duties of first responders, supervisors, investigators, and the Residential Director. The facility does not have mental health staff. Because the nurse works part-time and only does intake health screening, the role of the nurse was not included in the plan. The procedure states that the Residential Director will make immediate contact with the victim and offer victim support services.

Based on my review of the PREA Policy and Procedures and interviews with first responder staff and Executive Director, I conclude that the agency complies with all aspects of the standard.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

According to the PREA Coordinator, the agency has no collective bargaining agreements.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures addresses the agency response to retaliation. The policy addresses multiple protection measures. The policy states that if the perpetrator is a resident, the resident "will be moved to another wing and isolated from the victim or referred to authorities and removed from the program." If the perpetrator is a staff member, "they will immediately be placed on suspension".

The policy states that they will offer emotional support through victim advocacy. Staff will also be offered emotional support through employee assistance program.

The policy states that the PREA Coordinator, Residential Director, Shift Supervisors, Case Manager, and HR Manager(for staff) will monitor the conduct and treatment of residents or staff to see if there are changes that may suggest possible retaliation by residents or staff. In the case of a resident, periodic status checks by the PREA Coordinator shall occur.

The policy states that monitoring shall occur for at a minimum of 90 days and will terminate if the agency determines that the allegation is unfounded.

The PREA Resident Policy states "Residents has the right to be free from retaliation. No negative consequences will occur to any resident for reporting sexual abuse or assault. RVCP will protect residents against retaliation."

The PREA Coordinator stated that when retaliation is suspected, she is the point of contact to monitor it. Possible measures that include removal of the resident from the facility and separating residents by wings. If a staff member is involved in retaliation, the staff member could be moved to a different wing. The PREA coordinator would make direct contact with a resident if any suspected retaliation were occurring.

According to the PREA Coordinator, the agency would employ several methods to monitor retaliation including viewing video, having staff focus on the victim and perpetrator.

In the past year, the agency had one investigation of sexual harassment which resulted in the agency monitoring possible retaliation by one resident against another. The perpetrator of the harassment was removed from the facility, but eventually returned to the facility. Although the agency could not prove retaliation, it continued to monitor for possible retaliation. The PREA Coordinator said they essentially "locked down" the perpetrator on "A" wing, while the victim was on "B" wing. The agency monitored the retaliation for a short time because the resident who was suspected of retaliation went AWOL shortly after being returned to the facility.

Based upon my review of the staff and resident policies and interview with the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy states the agency will only use trained investigators to conduct PREA investigations. The policy states that allegations that appear to be criminal are referred to the Rock County Sheriff's Department. The policy includes several procedures for investigators to follow during the process, including gather and preserving evidence and electronic monitoring data; interview victims, perpetrators and witnesses, review prior complaints of sexual abuse involving the perpetrator.

The policy states that RVCP will only conduct compelled interviews after consulting with prosecutors. It states that the credibility of the victim, suspect or witness will be assessed on an individual basis. Residents who allege sexual abuse will not be required to submit to a polygraph or other truth-telling device. The administrative investigation will include an effort to determine if staff actions or failures to act contributed to the abuse and will be documented in written reports that includes a description of the physical and testimonial evidence, the reasoning behind the credibility assessments and investigative facts and findings. The criminal investigation will also be documented in a written report with all the relevant information. When outside agencies investigate, "RVCP will cooperate with outside investigators" and remain informed of the progress.

It states that RVCP will retain all written reports as long as the abuser is incarcerated or employed by the agency, plus five years. The departure of the abuser (staff or resident) or victim from the facility will not be a basis for terminating the investigation. Any state entity or Dept. of Justice component that conducts such investigations will do so pursuant to the above requirements.

The agency reports there have been no allegations of sexual abuse in the past 12 months. There was one report of sexual harassment received in the past 12 months.

According to the PREA Coordinator, the agency has five management or supervisory staff designated as PREA investigators. The agency provided documentation that the 6 staff completed NIC training "Investigating Sexual Abuse in a Confinement Setting."

The PREA Resident Policy has information on the investigative process and the role of investigators and law enforcement.

In the past 12 months, the agency had one administrative investigation of sexual harassment. The allegation was not criminal in nature and was not referred to the Rock County Sheriff's Department. I reviewed the investigation which was provided to me by the PREA Coordinator. According to the report, a female resident accused a male resident of repeated sexual harassment. From looking at the report, it the female resident told a supervisor told a second shift supervisor about the incidents. The resident said that she did not feel safe because of the harassment. She said the harassment occurred over 4 days. Specifically, the female resident said that the male resident said to her: "I don't care what you like, I'm a man and I take what I want." The resident was clearly at risk of possible sexual assault.

According to the report, the male resident was "confined on the "A" wing until he was placed in custody by FBOP the following day. The alleged victim remained on "B" wing. Residents on A wing can't access B wing under normal circumstances. The report states that there 6 residents identified as possible witnesses to the incidents. The investigator (PREA Coordinator), interviewed all 6 residents and the alleged perpetrator and victim. The investigator viewed video recordings from the camera monitoring system. In the report, the investigator stated "After a review of all of the interviews and videos, I was unable to make a determination of sexual harassment. The FBOP also failed to certify the Federal Incident Report, for "lack of evidence." Although the report does not specifically state that the outcome was unsubstantiated or unfounded, the PREA Coordinator later told me it was unsubstantiated.

The agency concluded the investigation about 3 weeks after the incident was reported. While the report states that the agency was unable to make a determination of sexual harassment, the report did not contain credibility assessments for the alleged victim, perpetrator, or witnesses. The report documented the interviews with witnesses and the alleged perpetrator and victim, but it did not assess their statements when making a determination. While this issue does not necessarily require corrective action, it will be discussed with the agency management. The report documents that the PREA Coordinator notified the victim of the outcome of the investigation when the investigation was concluded.

Based upon my review of the Policy and Procedures, and an investigation conducted in the past year, and the interview with the PREA Coordinator/Investigator, I conclude that the agency complies with all aspects of the standard.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures state: "The evidentiary standard for administrative investigations that RVCP will impose is preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." It also states, "The PREA Coordinator will assist investigators in ensuring this policy is upheld." The policy complies with the standard.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures state that following an investigation into an allegation of sexual abuse, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If RVCP did not conduct the investigation, the PREA Coordinator will request relevant information from the investigative agency to inform the resident. The amended policy also states it will inform residents about staff abusers if the staff member is no longer posted in the resident's wing; the staff member is no longer employed; or the staff member has been indicted for the sexual abuse.

The policy requires notice to residents when the abuser is indicted or convicted of the sexual abuse. The policy states that all notifications or attempted notifications shall be documented and kept in the victim's file. It also states that the agency's obligation to report under this standard if the resident is released from RVCP.

In October 2018, the agency conducted an investigation of sexual harassment. A female resident reported to staff that she was sexually harassed by a male resident. The agency investigated the incident and determined the allegation to be unsubstantiated. I reviewed a copy of the investigation which included documentation that the alleged victim was notified as to the outcome of the investigation.

Based upon my review of the PREA Policy and Procedures and an administrative investigation conducted by the agency, I conclude that the agency complies with all aspects of the standards.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures states, "RVCP staff are subject to disciplinary sanctions up to and including termination for violating RVCP sexual abuse and harassment policies." It also states, "Termination will be the sanction for any RVCP staff who have engaged in sexual abuse." The policy states that RVCP will report all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, to law enforcement agencies, unless the activity was clearly not criminal. It also states it will report of instances of sexual abuse or harassment policies to the State of Wisconsin Caregiver's office. The policy addresses various disciplinary sanctions for non-criminal violations of PREA policies.

In the past 12 months, no staff were alleged to have violated agency sexual harassment policies.

Based upon my review of the PREA Policy and Procedures, I conclude that the agency complies with all aspects of the standard.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures states, "Any RVCP contractor and volunteer who engages in sexual abuse will be prohibited from contact with residents, their services will be terminated and they be reported to law enforcement unless the activity was clearly not criminal.

The State of Wisconsin Caregiver's Office will also be notified." For non-criminal violations of sexual harassment policies, RVCP contractors will have their services terminated. The policy also applies to contractors and volunteers that had knowledge of sexual abuse or harassment and failed to report it.

The facility does not currently have contractors. There are four volunteers currently in the facility. As mentioned earlier, I interviewed one of the volunteers during the on-site visit. The agency reports that it has not reported any contractors or volunteers to law enforcement for sexual abuse in the past 12 months.

Based upon my review of the PREA Policy and Procedures and the Pre-audit Questionnaire, I conclude that the agency complies with all aspects of the standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on interviews with the PREA Coordinator and agency management, the agency would immediately remove any resident who engages in resident-on-resident sexual abuse. The agency would immediately discharge a DOC resident who engages in resident on resident sexual abuse. Once the resident is discharged, DOC would determine any further sanctions. The resident would be afforded due process by DOC in a revocation proceeding. FBOP residents would be subject to a disciplinary hearing required by FBOP. The Disciplinary Hearing Officer would make the final determination as the sanction for the resident. This outcome would also occur for a resident who had sexual contact with staff if the staff member did not consent.

The PREA Resident Policy states, "Any resident found guilty of committing sexual assault will be immediately terminated from RVCP programming and will be referred to the authorities and RVCP will advocate for criminal prosecution to the fullest extent." The policy also lists potential sanctions for residents who commit sexual harassment.

The PREA Policy and Procedures for staff states that residents who engage in resident-on-resident sexual abuse or sexual contact with a staff where the staff did not consent, will be immediately terminated and removed from RVCP. The policy states that no sanctions shall be imposed against a resident who files a report of sexual abuse in good faith, even if an investigation does not establish evidence sufficient to substantiate an allegation

Since the agency does not determine final sanctions for residents who engage in sexual abuse, 115.278 (b) and (c) are not applicable. Because the facility does not offer programming for sexual abuse, 115.278 (d) is not applicable.

RVCP policy prohibits all sexual activity between residents. The agency policy states that such activity is sexual abuse only if that activity is coerced.

Based upon interviews with the PREA Coordinator and review of the PREA Staff and Resident Policies, I conclude that the agency complies with all aspects of the standard.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Staff Policy states that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which will be determined by the medical and mental health practitioners according to their professional judgment. Medical and mental health services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.

The staff policy states that first responders shall take steps to protect the victim and must immediately notify the appropriate the appropriate medical facility, Beloit Memorial Hospital. The Residential Director or first responder will ensure that the victim is made aware of and encouraged to access the medical and mental health services that are available. Contraception and sexually transmitted infection prophylaxis is available to residents. RVCP provided me with a copy of a MOU with Beloit Memorial Hospital that provide Forensic Exams by SANEs and other medical services for victims. I confirmed that Beloit Hospital provides those services with staff at the sexual Assault Recovery Program.

The PREA Resident policy states that residents may have a medical exam by a SANE. Residents may be tested for sexually transmitted diseases and pregnancy and residents will receive emergency contraception and sexually transmitted infections prophylaxis. It states that residents are not responsible for the cost of medical examination, victim advocate services, or therapeutic interventions. Services will be provided to the victim whether the victim names regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.

Based upon my review of the PREA Staff and Resident Policy and Procedures, I conclude that the agency complies with all aspects of the standard.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Staff Policy states that RVCP will offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

It also states that the evaluation and treatment of victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. It states that victims shall be provided with medical and mental health services "consistent with the community level of care". In addition to providing pregnancy tests, if pregnancy tests are positive, residents shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

The policy states that tests will be offered tests for sexually transmitted diseases. As stated in 115.282, the policy states that treatment services shall be provided without financial cost to the resident whether or not the victim names the accuser or cooperates with the investigation.

The Staff Policy states that RVCP will attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse and offer treatment when deemed appropriate. The policy states that the agency will be conduct evaluations and subsequent treatment for abusers by RVCP's therapists in their Compass Behavioral Health Clinic.

The Resident Policy states that crisis intervention and counseling services will be made available, free of charge to any victim of sexual abuse. The policy states that if victims are pregnant, they will receive timely and comprehensive information and access to all lawful pregnancy-related services. Victims will be examined and tested for sexually transmitted disease, HIV, and females will be tested for pregnancy. Victims may receive emergency contraception and STD prophylaxis at no cost to the victim. If the victim is pregnant, they will receive timely and comprehensive information and access to all lawful pregnancy-related services.

Based upon my review of the PREA Staff and Resident Policy and Procedures, I conclude that the agency complies with all aspects of the standard.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures state, "RVCP will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded."

According to the policy, the incident review team consists of the PREA Coordinator, Residential Director, Lead Shift Supervisor, Second Shift Supervisor, Third Shift supervisor, and Compliance Manager. A review will occur within 30 days of the conclusion of the investigation. The review team will seek input from investigators and medical and mental health practitioners. According to the policy, the team will:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
- Examine the area in the facility where the incident allegedly occurred to access whether physical barriers in this area may enable abuse.
- Access the adequacy of staffing levels.
- Access whether monitoring technology should be deployed or augmented to supplement supervision by staff, and
- Prepare a report of its findings, including but not limited to determinations made pursuant to the above bullet points of this section, and any recommendations for improvement, and submit such report to the Executive Director.
- RVCP will implement the recommendations for improvement, or shall document its reasons for not doing so.

In the past 12 months, the agency has not received any allegations of sexual abuse.

Based upon my review of the PREA Policy and Procedures, I conclude that the agency complies with all aspects of the standard.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures state that RVCP will collect accurate, uniform data for every allegation of sexual abuse, substantiated or not, at its facility using a standardized instrument and set of definitions. The agency shall maintain, review, and collect data as needed from all incident-based documents including reports, investigation files, and sexual abuse incident reviews. The policy states that the agency will collect data using the DOJ Survey of Sexual Violence and will maintain and review as needed. Upon request, RVCP will provide all such data from the previous calendar year to the DOJ.

Based upon my review of the PREA Policy and Procedures, I conclude that the agency complies with all aspects of the standard.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency developed a policy to review collected data in 2016. It states the agency shall review data collected in order to assess and improve effectiveness of RVCP's sex abuse prevention, detection, and response policies, practices, and training. The report will identify problem areas and take corrective action on an ongoing basis. The agency shall prepare an annual report of its finding and corrective actions. The report shall include a comparison of current year's data with prior years.

The policy states that the Executive Director will review and approve the report. The annual report will be posted on RVCP's website.

The policy states that RVCP may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility. Whenever material is redacted, the report will indicate the nature of the material.

Following the on-site visit, I reviewed the agency's website. The agency published annual PREA report for 2015-2018. The 2018 report identifies 1 incident of sexual harassment by a resident, which was unsubstantiated. It also reports 2 incidents of staff sexual misconduct, one was substantiated and one was unsubstantiated. In the annual report, the agency reported these incidents, but it did not address corrective actions regarding those incidents and did not assess the agency's progress in addressing sexual abuse. The standards require that the report shall include the corrective actions in response to the reported incidents and that the agency shall provide an assessment of its progress in addressing sexual abuse. The Annual PREA report from 2015 did address those issues, but the annual reports since that time did not include that information. This issue was part of corrective action. The agency recently amended its annual report on the agency website, to state that it has taken corrective actions in response to reported incidents. I reviewed the information on the website and determined that the agency complies with the standards.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

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115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures state that RVCP will ensure that all data collected is securely retained for at least 10 years after the date of the initial collection. It states data will be maintained by the PREA Coordinator in a locked filing cabinet in a locked office. RVCP will make all aggregated sexual data readily available to the public annually by posting the PREA Annual Report on its website. The policy states that prior to making data public, the agency shall remove all personal identifiers.

As mentioned above, the agency has published annual PREA reports for 2015-2018. The reports include aggregate data from those years.

Based on my review of the PREA Policy and Procedures and the agency website, I conclude that the agency complies with all aspects of the standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

RVCP operates only one facility that is subject to PREA audits. I previously audited the facility in 2016. During the audit, I was able to access all areas of the facility. The agency provided me with all requested documents and other information necessary to complete the audit. I was able to meet with staff and residents in a private office. The Notice of Audit, which was posted in several areas of the facility, notified staff and residents that they could send confidential correspondence to my post office box. I did not receive any correspondence.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency published the final audit report that was completed in November 2016 on its website.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Lawrence J. Mahoney
Auditor Signature

October 30, 2019
Date

